

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Future45</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00574533	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 09 / 25 / 2016	

Full Name of Payee <b>Del Cielo Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2016	
Mailing Address 1427 Leslie Avenue Suite 102		Amount 775000.00	
City Alexandria	State VA	Zip Code 22301	Transaction ID : 001
Purpose of Expenditure Media placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2016
Name of Federal Candidate Clinton, Hillary, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		935560.52	

Full Name of Payee <b>Connell Donatelli</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2016	
Mailing Address P.O. Box 1877		Amount 321884.76	
City Alexandria	State VA	Zip Code 22313	Transaction ID : 002
Purpose of Expenditure Media placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2016
Name of Federal Candidate Clinton, Hillary, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		1257445.28	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1096884.76
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wojciechowski, Maria, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 15 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2016	

Full Name of Payee <b>DDC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2016	
Mailing Address 805 15th Street, NW Suite 300		Amount 97499.00	
City Washington	State DC	Zip Code 20005	Transaction ID : 003
Purpose of Expenditure Media placement		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2016
Name of Federal Candidate Clinton, Hillary, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		1354944.28	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>McCarthy Hennings Whalen</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2016	
Mailing Address 1850 M Street NW Suite 235		Amount 25904.49	
City Washington	State DC	Zip Code 20036	Transaction ID : 004
Purpose of Expenditure Media production		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2016
Name of Federal Candidate Clinton, Hillary, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		1380848.77	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	123403.49
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	1220288.25

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wojciechowski, Maria, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2016

Signature